PROVINCE OF NOVA SCOTIA

REPORT OF THE

Provincial Tuberculosis Hospitals

NOVA SCOTIA SANATORIUM

and

POINT EDWARD HOSPITAL

FOR THE YEAR ENDED DECEMBER 31st, 1962

Halifax, Nova Scotia
Queen's Printer—1964

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101-05125/

To His Honour,

THE HONOURABLE HARRY P. MacKEEN, C.D., Q.C.

Lieutenant-Governor of Nova Scotia

Sir:

I beg to present herewith the report of the Provincial Tuberculosis Hospitals.

I have the Honour to be

Sir,

Your most obedient servant,

RICHARD A. DONAHOE, Q.C.,
Minister of Public Health.

J. S. ROBERTSON, M.D., D.P.H.,
Deputy Minister,
Department of Public Health.

Sir:

I have the honour to submit the Fifth Annual Report of Tuberculosis Hospitals. This comprises the Fifty-eighth Annual Report of the Nova Scotia Sanatorium and the Fourteenth Annual Report of Point Edward Hospital. These reports are for the calendar year 1962. They are preceded by Table A, a combined statistical report.

All tuberculous patients at Roseway Hospital, Shelburne, were removed to other tuberculosis hospitals in October, 1960. The Department of Public Health continued to operate the institution as a General Hospital throughout 1961 and 1962. At year-end, negotiations were underway to pass the hospital over to the community for operation by a privately incorporated Roseway Hospital Association.*

Respectfully submitted,

J. E. HILTZ, M.D., D.P.H.,
Administrator,
Tuberculosis Control Services.

*N.B. Transfer was effected officially on March 31, 1963.

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Table A

COMBINED STATISTICAL REPORT
FROM NOVA SCOTIA SANATORIUM AND POINT EDWARD HOSPITAL
CONCERNING THE PATIENT POPULATION, EXCLUDING TREATMENT OF SICK STAFF, FOR CALENDAR YEAR 1962

	Nova Scotia Sanatorium Est. 1904	Point Edward Hospital Est. 1949	Both Hospitals
Number of patients discharged since established	11,604	3,088	14,692
Number of patients in residence January 1, 1962	201	111	312
Number of patients admitted as first treatment experience	107	130	237
Number of patients admitted having had previous treatment for tuberculosis	51	44	95
Number of patients transferred from another institution	60	16	76
Number of patients admitted to continue treatment (temporarily released)	4	14	18
Number of patients admitted for review or evaluation only	17	33	50
Total admissions during year	239	237	476
Number of patients in residence during year	440	348	788
Number of patients discharged during year	301	238	539
Number of patients in residence January 1, 1963	139	110	249
Number of patient days of hospital care during year	64,486	42,125	106,611

Fifty-Eighth Annual Report

INCLUDING

Medical Supplement

OF THE

Nova Scotia Sanatorium

FOR THE YEAR ENDING DECEMBER 31st, 1962

NOVA SCOTIA SANATORIUM

Kentville, N. S.

1962

HONOURABLE RICHARD A. DONAHOE, Q.C.

Minister of Public Health

— ADMINISTRATIVE AND TECHNICAL STAFF —

Medical **Full Time Staff**

*J. E. Hiltz, M.D., D.P.H., F.C.C.P.	Medical Superintendent
*Helen M. Holden, M.D., F.C.C.P.	Asst. Medical Superintendent
*J. J. Quinlan, M.D., F.C.C.P.	Thoracic Surgeon
F. J. Misener, M.D., F.C.C.P.	Radiologist and Anaesthetist
A. Laretei, M.D.	Physician
Maria Rostocka, M.D.	Physician
G. A. Kloss, M.D., F.C.C.P.	Physician and Anaesthetist
E. W. Crosson, M.D.	Physician

Consulting Staff

*V D. Schaffner, M.D., F.A.C.S.	Surgeon
*D. M. MacRae, M.D., F.C.C.P.	Bronchoscopist
*B. F. Miller, M.D., F.R.C.S. (Edin.) F.R.C.S. (Can.)	Consultant in Orthopedics
*E. J. Cleveland, M.D.	Consultant in Psychiatry
*F. R. Townsend, M.D.	Consultant in Psychiatry

Courtesy Consulting Staff

T. A. Kirkpatrick, M.D.	Obstetrics and Gynaecology
*J. P. McGrath, M.D.	Eye, Ear, Nose and Throat (resigned 1.9.62)
D. H. Kirkpatrick, M.D.	Anaesthesia

Dental

R. H. Stanford, D.D.S.	Dentist
K. B. Eaton, D.D.S.	Consultant Dentist

* Certified in specialty by Royal College of Physicians and Surgeons of Canada.

Nursing

Mrs. Hope M. Mack, R.N.	Director of Nursing
Miss Madeline Spence, R.N.	Director of Nursing Services
Robert MacKenzie, R.N.	Director of Nursing Education
Miss Phyllis McFadden, R.N.	Clinical Instructor (resigned 2.11.62)
Mrs. Leonora Spencer, R.N.	Clinical Instructor
Mrs. Irene Spicer, R.N.	Clinical Instructor
Mrs. Catherine Boyle, R.N.	Clinical Instructor (University leave)
Miss Jean Dobson, R.N.	Clinical Instructor

Laboratory

Mrs. Mae Margeson, R.T.	Senior Technician
Miss Helen Morse, R.T.	Technician
Mrs. Charlene Edwards, R.T.	Technician
Mrs. Helen MacKinnon	Technician
Miss Kathleen Lloyd	Technician
Mr. Glendon Gates	Assistant Technican

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Rehabilitation Department

F. G. Barrett, B.Sc., M.Sc.	Director of Rehabilitation
D. M. Brown, B.A., B.Ed., M.S.W.	Social Worker and Asst. Director
Miss Marguerite MacLeod	Academic Instructor
Miss Marion Lacey	Academic Instructor
Miss Isabel McLellan, B.A.	Academic Instructor (resigned 4.7.62)
Miss Grace Jones, B.A., B.Ed.	Academic Instructor
Miss Jane Brown	Handcraft Instructor (resigned 3.7.62)
Miss Marie Leger	Handcraft Instructor
Mrs. Violet Silver	Handcraft Instructor
Clifford Beeler	Handcraft Instructor

X-Ray Department

John L. Hines, R.T.	Senior Technician
William Mansfield	Technician
Robert Ferguson	Assistant Technician

Physical Therapy Department

Mrs. Jane Farmer, P.T.R.	Senior Therapist
Miss Peggy Giles	Assistant Therapist

Dietary Department

Miss Eileen Quinlan, B.Sc.	Director of Dietary Service
Miss Virginia Allen, B.Sc.	Dietitian
Mrs. Mabel Lockhart	Dietitian

Medical Records Department

Hector McKean	Records Librarian
Mrs. Hazel LeFave	Asst. Records Librarian
John Lawrence	Asst. Records Librarian

Business Office

F. F. Graham	Administrative Assistant

Chaplains:

Archdeacon L. R. Bent, Anglican Chaplain
Very Rev. J. H. Durney, Parish Priest and Roman Catholic Chaplain
Dr. (Rev.) W. R. Seeley*, United Church Chaplain
Prof. (Rev.) Charles Taylor, B.A., B.D. (Acadia), S.T.M. (Andover Newton) Chaplain-Supervisor, Clinical Pastoral Training, Nova Scotia Sanatorium;
Associate Professor of Practical Theology, Acadia University

Medical Records Committee:

Dr. H. M. Holden, Chairman
Dr. A. Laretei
Mr. A. H. McKean, Secretary
Dr. M. Rostocka
Dr. G. A. Kloss
Mrs. Hope Mack, R.N.
Mr. F. F. Graham

Tissue Committee:

Dr. G. A. Kloss, Chairman
Dr. F. J. Misener, Vice Chairman
Dr. J. J. Quinlan, Secretary

Pharmacy Committee:

Dr. M. Rostocka, Chairman
Mrs. Irene Spicer, R.N., Secretary
Dr. H. M. Holden
Dr. E. W. Crosson

* Deceased November 14, 1963.

This is the fifty-eighth annual report of the Nova Scotia Sanatorium. Its rated bed capacity is 300. During the year, for the sake of economy, it was possible to close out, on a semi-permanent basis, 81 of these beds. They may, however, be made available again, in whole or in part, should the need arise in the near future.

During 1962, there was a decrease of 14, 304 patient days. There were 36 fewer new patients admitted and 32 fewer readmissions during the year than during 1961 (Table I). There were 440 patients treated at the Sanatorium during the year. This accounted for 64,486 patient days of care, of which only 2,395 were for conditions that turned out to be non-tuberculous.

Table II indicates that 107 or 45 per cent of all admissions came to us as their first treatment experience in any tuberculosis institution. There was a very satisfactory decrease in the number of persons admitted as a retreatment experience, 51 compared to 80 the previous year. This could represent more effective treatment on the first occasion or it might be due to less adequate use of clinic and follow-up services in order to detect early reactivations of disease. We sincerely hope that the latter is not the case. Readmissions, however, still accounted for almost one quarter of all admissions to this institution.

The fact that these readmissions continue to occur points up the great need for adequate follow up "field" services for the ex-patient. He must not be allowed to forget to undergo needed periodic re-examinations for his sake as well as for the sake of his associates. Aside from our three tuberculosis hopitals, the Nova Scotia Sanatorium, Point Edward Hospital and the Halifax Health Centre, clinic services are provided throughout the province by the Health Unit Directors. This places upon them a great responsibility and certainly must tax to the utmost their available time as they have many other onerous duties, some of which were only recently acquired.

This problem of providing adequate clinic services is so important that the Canadian Tuberculosis Association has established a national committee to draw up minumum desirable standards for chest clinics. This is a Canada-wide problem and is just as pressing in Nova Scotia as elsewhere.

Of the patients discharged during 1962, 59 of the first admissions had pulmonary disease which, after investigation, was determined to be other than tuberculosis (Table III a).

As in the past, we were required to treat many patients with tuberculous conditions outside the chest (Tables III a and III c, A) and, in addition, many of our tuberculous patients have serious non-tuberculous complications (Table III c,B) of which diabetes occurred in 31 patients, emphysema in 8, heart diease in 12, hypertension in 10 and psychiatric conditions in 24 to specify just a few of the more frequently occurring diagnoses. This points up the necessity of medical and nursing staffs to be well trained and to keep up to date in regard to the care of both tuberculous and a wide variety of non tuberculous conditions.

An interesting group of patients are sent forward to the Sanatorium each year for the diagnosis of conditions simulating tuberculosis (Table Iv a). These are referred predominately from the Fundy Health Unit (Table IV b) of which we form a part. This table also includes a few

staff members who, due to the seriousness of their condition, had to be transferred from our Sick Staff Rooms to regular Sanatorium facilities, mostly for surgery or because they were ex-patients suffering from serious lung infections such as pneumonia.

Table V indicates that only 9 per cent of first admissions and 21 per cent of readmissions were discharged with their disease in the inactive phase. This reflects our policy of sending patients home to continue convalescence there while their disease is still active, but while continuing drug treatment, as soon as it is considered clinically safe to do so. This policy accounts for our lowered bed occupancy as compared to a number of years ago. We are still treating almost as many patients as before but for shorter periods of time in hospital. This increases the need for good clinic follow-up services throughout the province in order to bolster the morale of patients continuing treatment at home so that they do not lose interest and stop taking their drugs too soon or take them only half-heartedly. That all patients are not conscientious in this regard is the reason for some of our readmissions and also the reason that their disease reactivates and spreads to others thereby keeping unbroken the chain of transmission of tuberculosis.

Tables VI a,b,c,d and e, indicate those patients who terminated their period of Sanatorium treatment before it was considered wise medically to do so, either because they were too restless to stay with us or because their conduct was so antisocial within the institution that they had to be asked to leave. These are the people, too, who frequently do not do well at home, are careless in regard to following treatment faithfully and who later return to us for more treatment, perhaps having spread their tuberculosis to others in the meantime. Our percentage of irregular discharges computed according to the formula of the American Thoracic Society (Table VI e) is under 20 per cent and compares favourably with past years.

Again this year the trend continued (Table VII) for fewer of our first admission cases to be found to have their disease in the far advanced stage. This is gratifying as the outlook in regard to recovery is so much better the less the extent of the tuberculous disease when treatment is undertaken.

For a number of years, the average age of our patients has been increasing (Table VIII a). Last year, it was 42.4 years but this year it has dropped to 37.9, still considerably greater than it was ten, twenty or thirty years ago. Until recent years, very few children were treated at the Sanatorium. A few years ago, it was necessary for us to open a special Children's Annex of 20 bed capacity. Young patients admitted to it are dropping our "average" age of patients once again.

On the last day of the year at the Sanatorium (Table VIII b) 15.3 per cent of all tuberculous patients in residence were over seventy years of age, 28.4 per cent over sixty years old and 47.5 per cent were over fifty years of age. Eight per cent were under fifteen years of age. Less than than half were persons 15 to 49 years of age, the period of life which used to be considered most vulnerable as far as tuberculosis is concerned.

Although Table VII indicates that only 29.5 per cent of our tuberculous patients **discharged** during the year had far advanced tuberculosis, Table VIII c shows that of those remaining in Sanatorium on the last day of the year 49.6 per cent, or almost half, had far advanced disease. This

is a reflection of how the extent of the disease influences the duration of treatment.

Table VIII d indicates that the older patients are the ones most liable to harbour advanced disease as one would expect. Of the tuberculosus patients **admitted** or readmitted to the Sanatorium during 1962 (Table VIII e) 2.5 per cent were over 80 years of age, 13.2 per cent were over 70 years, 25.1 per cent over 60 years and 37.6 per cent were over 50 years old.

The residence by county or province of patients discharged is shown in Table X.

MEDICAL SERVICE:

The medical services provided continued to make very considerable demands upon our physicians. With increasing numbers of older and very young patients being admitted, specialized medical care for these groups is required. A great variety of medical conditions are encountered and have been listed in Tables III and IV. The high incidence of diabetes is worthy of note.

In addition to the care of patients our medical staff provide professional care for sick staff as outlined under Sick Staff Clinic.

SURGICAL SERVICE:

Many procedural changes have occured since the Nova Scotia Sanatorium was designated as the Nova Scotian centre for tuberculosis chest surgery in 1934. No longer is artificial pneumothorax used commonly in treatment. Only three patients here received artificial pneumoperitoneum treatment (Table XI). There were no primary thoracoplasty operations carried out during 1962. The number of lung resections increased, however, from 47 in 1961 to 75 in 1962 (Table XI c). We are well satisfied with this procedure when there are definite indications for it as a form of treatment. Approximately two fifths of all first admission cases discharged, and one fifth of readmissions discharged, underwent this form of treatment (Table XI d). Many, of course, had been referred to us from other tuberculosis hospitals specifically to have this procedure undertaken.

X-RAY SERVICE:

During 1962, this department was completely modernized with the installation of new lead shielding for the walls and entirely new x-ray equipment including a very modern Siemens Universal Planigraph.

The work of this department is outlined in Table XII. This includes an x-ray film developing service for the Cobequid, Fundy, Northumberland and Western Health Units involving the processing of over 10,000 films.

LABORATORY SERVICE:

The laboratory staff continued to provide excellent service for our patients and also in the field of milk and water analysis for the Department of Public Health. Table XIII indicates that the number of units of work declined somewhat; 74,116 compared to 75,324 last year; biochemical analyses and bacteriological examinations continued to increase. These are very valuable but time consuming procedures.

OUTPATIENT CHEST CLINIC SERVICES:

Our outpatient department (Table XIV A) continued to provide a chest evaluation service for ex-patients, staff and patients referred to us from private physicians and the Health Unit Directors. The Clinic operates every Tuesday and Wednesday afternoon and by appointment. Nearly 700 examinations of ex-patients were carried out leading to the discovery of four reactivations of previously inactive tuberculous disease. This represents one reactivation detected in each 175 examinations or approximately one half of one per cent. We try to encourage our patients to return here for their re-examinations after discharge if at all convenient for them. We know them well, we have their previous medical records and x-ray films and we have a special interest in them. If it is not convenient to return here, clinic services are available in all parts of the Province, mainly under the direction of the Health Unit Directors and the Halifax City Department of Health and Welfare.

B.C.G. vaccination at the Sanatorium, as in former years, is reserved mainly for those tuberculin negative staff members who are working closely with patients. Sixty-two vaccinations were performed (Table XIV A,4).

BRONCHOSCOPIC SERVICE:

There was an increase in the number of bronchosopic examinations this year, 175 compared to 138 last year (Table XIV B). This is a reflection of our increased number of diagnostic problems and our increased performance of major lung surgery.

PHYSICAL THERAPY SERVICE:

This department at the Sanatorium is playing an increasingly important role in the care of our patients (Table XIV C). Pre- and post-operative breathing exercises and arm movements assist the patient in earlier recovery from surgery with fewer complications both major and minor. Our older patients, too, require help in the form of steam packs and hot wax baths for limbs and joints afflicted with arthritis. During the latter part of the year we just began to use a Bird Intermittent Positive Pressure Breathing Unit to assist our patients suffering from asthma, emphysema, atelectasis and other conditions which complicate the recovery of patients suffering from chronic lung disease such as tuberculosis. This is an ever widening field. On some occasions, the procedure has been life saving and has permitted us to tide a patient with chronic disease over some acute episode which would otherwise have been fatal.

MENTAL HEALTH SERVICE:

The staff of the Fundy Mental Health Centre in Wolfville, seven miles away, has continued to provide us with excellent advice and supervision of our emotionally disturbed patients. They have also carried out psychological testing of patients needing assessment regarding academic capabilities and they have lectured regularly to our affiliate student nurses in order to acquaint them with the mental health problems of the patient with a chronic or prolonged illness. Their work is summarized in Table XIV D and our sincere thanks is extended to them for their conscientious and unremitting help to our patients, students and staff.

DENTAL SERVICE:

Our Dental Service (Table XIV E) functioned well this year with our Dentist, Dr. Stanford, spending two full mornings here each week.

Patients receive prophylaxis, fillings and extractions without cost. Artificial dentures, when required, are provided at less than half cost to the patient or to the welfare agency underwriting this special benefit for a patient.

SICK STAFF SERVICE:

This service is very well received by staff and seems to be used with increasing frequency. A special clinic is held for ambulatory sick staff every morning at 8:30. Those who require hospital care are admitted to our "sick staff quarters" if they live on the Sanatorium grounds or are referred to their family physician if they live outside the Sanatorium. It is our conviction that this service, readily available to all, limits absence due to sickness by making available a service for which sick staff might hesitate to pay a physician in the incipient stages of an illness. It also shortens the duration of illnesses in many cases and prevents the spread of infections such as colds to other staff members.

REHABILITATION SERVICE:

The staff of this department remained numerically the same as last year except that there were two students assigned to us from the Maritime Schol of Social Work instead of one as during the previous year. This was indeed fortunate as they were excellent and very responsible student assistants in this department and they also helped us meet the growing need and demand for social work services.

Also, during the year, there was a greater emphasis placed on academic training and less on handcrafts and diversional activities. The latter are important and must be continued but there is an ever mounting need for an increased educational status in our competitive world to which our patients return upon completion of treatment.

The following is a statistical picture of some of the academic and handcraft activities carried on during the year.

	Individual Patients Served		
Academic:	**1962**	**1961**	**1960**
School age (0 - 16)	26	28	24
Past school age (17 - 21)	14	16	7
Adults (over 21)	33	31	2
By correspondence	0	1	2
New Canadians	2	10	11
	75	86	46
Business, Industrial, etc.:			
Typing	19	23	20
Arithmetic, bookkeeping, etc.	24	32	17
Sewing	35	47	20
Bookbinding	1	1	2
Woodwork	40	51	45
Radio	1	3	4
Watch repair	1	0	2
	121	157	110

Handcraft:

a. Shop

Art	0	0	0
Copper	0	0	0
Photography	1	7	9
Weaving	2	4	4
Leather	107	119	60
Pottery	58	50	39
Other	8	10	32

b. Bedside

Individual instruction	165	202	181
	341	392	325
Grand Totals	537	635	481

Regular monthly card parties were sponsored during the year by community groups, mainly local churches. Transportation was provided for patients to see the Apple Blossom Parade. Numerous gifts were sent to patients at Christmas by churches, schools and service clubs. The spiritual needs of the patients were well met by the Chaplaincy Service. All these facets of patient care are organized and supervised by the Rehabilitation Department as is Radio Station SAN which provides "earphone" entertainment from 7 a.m. to 10:30 p.m. daily, our Patients' Library with over 4,000 volumes, and our Health Rays Magazine which is in its 43rd year of continuous monthly publication.

Sitting rooms with television sets are provided on every floor where there are tuberculous patients. Magazine racks are kept filled with current magazines and books are distributed at regular intervals to patients. Numerous rest chairs and benches are placed around the grounds during warm weather so that ambulatory patients may relax in the shade for an hour or so if they cannot be persuaded to avail themselves of teaching and handcraft facilities in our Rehabilitation Department. This Department which provides social work service, diversional and educational facilities, plays a very important part in the life of our patient community at the Sanatorium.

PROFESSIONAL EDUCATION:

a. Medical: Staff meetings involving two full afternoons each week were continued in order to discuss fully each new case admitted for treatment and to consider the progress of each patient having had an x-ray examination or consultation since the previous meeting. Regular meetings of the Tissue, the Medical Records and the Pharmacy Committees were held and the Medical Journal Club was continued throughout the winter months. Senior members of the Nursing Staff were guests at the Journal Club meetings.

Drs. Schaffner, Holden and Quinlan attended the annual meeting of the American Association for Thoracic Surgery in St. Louis.

Drs. Misener and Kloss attended the annual meeting of the American College of Chest Physicians in Chicago where Dr. Misener was made a Fellow of the College and Dr. Kloss passed his Fellowship examina-

tions. Prior to this meeting, Dr. Kloss attended the three week course of the Trudeau School of Tuberculosis and Respiratory Diseases at Saranac, New York, under a Professional Training Grant.

Dr. Rostocka attended a one week course in Diseases of the Chest sponsored in New York by the American College of Chest Physicians. This also was made possible by a Professional Training Grant.

Dr. Hiltz was a participant in the annual meeting of the Canadian Tuberculosis Association and attended the Canadian Hospital Association and the 2nd National Tuberculosis Conference, all running consecutively and concurrently, in Edmonton, Alberta.

The spring meeting of the Society of Internal Medicine and the fall meeting of the Nova Scotia Thoracic Society were both held at the Nova Scotia Sanatorium and made it possible for members of the medical staff to attend. The spring meeting of the Thoracic Society was held in Halifax. At both of its meetings, Dr. J. J. Quinlan presided as President and presented scientific papers from the Nova Scotia Sanatorium. Dr. Crosson also presented a paper at the Kentville meeting of the Society.

Attendance at such meetings and post-graduate courses makes it possible for our medical staff to keep up with new developments in the field of chest diseases in particular, and medicine and surgery in general, and so provide the best possible patient care.

During the summer, we were happy to have with us again Mr. Clarence Townsend, fourth year medical student, as a summer Junior Intern.

b. Nursing: Miss Phyllis McFadden, R.N., of our teaching staff received her Bachelor of Nursing degree from McGill University at the spring convocation, but unfortunately resigned from her appointment here in November.

Mrs. Ceila Pynch Best, R.N., and Miss Jean Dobson, R.N. continued training at Dalhousie University. The latter received her Diploma in Nursing Service Administration in May and returned to our staff. The former was delayed by illness but will be graduating and returning to us early in 1963. Mrs. Catherine Boyle, R.N., Instructor, entered Dalhousie School of Nursing in September for the course in Teaching in Schools of Nursing. This, too, was sponsored under a Federal Health Grant.

Miss Elizabeth Manning, R.N., Mrs. Cecelia Pascoe, R.N., and Mrs. Nora Cheesman, R.N., Nursing Supervisors, all completed successfully the extension course in Nuring Unit Administration sponsored by the Canadian Hospital Association.

Our Director of Nursing attended the Institute on Staff Education sponsored by Dalhousie University and the Institute on Curriculum Planning sponsored by the Registered Nurses Association of Nova Scotia, three and two day session respectively, held in Halifax in February and November. Mrs. Mack also attended the annual meeting of the Canadian Tuberculosis Association and its Nurses Section in Edmonton.

At the Sanatorium, we have continued our post-graduate course

in Tuberculosis Nursing (three months duration), our Affiliate Student Nursing Progarm (four weeks) and our twelve month training course for student nursing assistants.

Since 1948, the following nursing groups have received instruction here:

	1962	Total to date
A. Postgraduate nurses	6	103
B. Affiliate Student Nurses*	255	2149
C. Student Nursing Assistants		
Completed course	27	205
Discontinued course	12	104
Still on course	37	37

*Student nurses affiliate at the Sanatorium from Aberdeen Hospital, New Glasgow; Halifax Children's Hospital; Grace Maternity Hospital, Halifax; Halifax Infirmary; Nova Scotia Hospital, Dartmouth; Payzant Memorial Hospital, Windsor; Victoria General Hospital, Halifax; and the Yarmouth General Hospital.

c. Rehabilitation Department: During the year, we had two senior students, Miss Rosemary Rippon and Miss Nancy Nickerson, who were with us two days each week during the academic year of the Maritime School of Social Work. Their training was directed by Mrs. J. G. Tillotson, the supervisor provided by the School. They participated in seminars with students taking the winter course in clinical pastoral training from Acadia University and they supplemented and complemented the social work ordinarily carried out by our own social worker and other members of our Rehabilitation Department.

d. Administrative Staff: Mr. Robert McKenzie, B. Comm., is presently at the University of Toronto taking the diploma course in hospital administration under a federal health grant bursary and he will be returning to us during the summer of 1964.

e. Medical Records Staff: Both Mrs. LeFave and Mr. Lawrence continued their extension courses sponsored by the Canadian Hospital Association during the year.

f. Housekeeping Department: Mrs. Jean Ells, our administrative housekeeper, attended a Housekeeping Institute sponsored by the Maritime Hospital Association for three days in November at the Aberdeen Hospital, New Glasgow.

g. Clinical Pastoral Training: For the tenth consecutive year, we co-operated with Acadia University and the Institute of Pastoral Training by providing facilities and some of the clinical instruction for those ministers, missionaries, deaconesses and theology students who are interested in furthering their knowledge and proficiency in pastoral care as related to chronic illness and emotional problems. Full university credits are given to those completing this course. Those in attendance this year were:

Rev. H. C. Arbo, Havelock, N. B.
Rev. P. V. Allaby, India
Lic. G. W. Urquhard, Scotch Village, Hants Co., N. S.
Miss Grace B. Johnson, Sussex, N. B.

Miss Aiko Enomoto, Tokyo, Japan
Lic. Douglas Kinsman, Saint John, N. B.
Lic. R. L. W. Ritchie, Halfiax, N. S.
Miss Esther Heiderbrink, R.N., Red Deer, Alberta
Lic. Bruce Watt, Fredericton, N. B.
Lic. Willis Henderson, Wolfville, N. S.
Rev. S. M. MacDowell, Truro, N. S., Associate Director
Rev. R. J. R. Stokoe, University of Kings College, Halifax Associate Director
Rev. Charles Taylor, Acadia University, Wolfville, Director

MISCELLANEOUS:

The following employees were retired on superannuation during the year:

Mr. Joseph Williams, Plant Engineer, after 47 years service
Miss Clara Gray, R.N., Charge Nurse, after 20 years service
Mr. Jeremiah McDonald, orderly after 14 years service

Our very best wishes are extended to these faithful staff members for many years of happiness in retirement.

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During 1962, the following papers by staff members were published:

1. Pulmonary Resection for Tuberculosis: A review of 1257 operations; Drs. J. J. Quinlan, V. D. Schaffner, G. A. Kloss and J. E. Hiltz: Canadian Medical Association Journal, April 28, 1962.

2. The Tuberculous Diabetic: Drs. H. M. Holden and J. E. Hiltz; Canadian Medical Association Journal, October 13, 1962.

3. Tuberculosis—1962: Dr. J. E. Hiltz; Nova Scotia Medical Bulletin, November, 1962.

4. Lung Resection for Tuberculosis in Children: Drs. J. J. Quinlan, V. D. Schaffner and J. E. Hiltz; Canadian Medical Association Journal, December 29, 1962.

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During the year, once again, many friends of the Sanatorium remembered our patients by donations of books to our Patients' Library, records for our Radio Station SAN, money for our Patients' Comfort Fund, and by games and flowers for our bed patients. Local citizens provided transportation so that our patients might see the Apple Blossom Festival Parade and also view the countryside. The Clinical Pastoral Training students provided a picnic and drive for our high exercise patients. During the summer, Very Reverend Father Durney arranged for small groups of patients to be taken for drives each week. The Valley Amateur Radio Club at Christmas time provided a short wave hook-up so that patients might send messages home and talk to other patients in sanatoria in Charlottetown, P.E.I., and Saint John, N. B. Also, at that season of the year, all the churches, the Salvation Army, the Red Cross Society, the Rotary Club, the I.O.D.E., the Canadian Legion and The

Silver Cross Women of Canada remembered our patients with gifts and good wishes. The I.O.D.E. continued its letter writing service for patients unable to write their own letters home. A number of talented musicians came to the Sanatorium to play our electric organ or present choral selections throughout the year and carols during the Christmas Season. The Walter Callow buses took most of our patients on a two to four hour tour of the countryside during the summer. The different church groups and the I.O.D.E. continued to sponsor monthly card parties for up-patients once a month. We have tried to thank all these persons either by mail or in our magazine, Health Rays, but in case some have been overlooked, we say another sincere "thank you" at this time.

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Our sincere thanks are extended to the officials of the Department of Public Works who continued to maintain our physical plant in such fine condition. We are particularly proud of our new Power House which was built over the old one while it was still in operation. The latter was then torn down and we now have a large, airy, efficient brick structure which houses our steam boilers and electrical generators.

To the Honourable Richard A. Donahoe, Q.C., Minister of Public Health, and to his Deputy, Dr. J. S. Robertson, I acknowledge with sincere appreciation the kindly consideration and advice freely given in all matters referred to them in regard to the operation of the Nova Scotia Sanatorium.

J. E. HILTZ, M.D.,
Medical Superintendent.

December 31, 1962

STATISTICAL REPORT

FOR THE CALENDAR YEAR ENDING DECEMBER 31, 1962

Table I	Calendar Year 1962	Calendar Year 1961	Calendar Year 1960
Number of patients discharged since November 30, 1904	11,604	11,398	11,192
Number of patients in residence at first of year	201	213	206
Number of patients admitted during the year	168	204	227
Number of patients admitted for review during the year	1	2	4
Number of patients readmitted* during year	54	86	65
Number of patients readmitted for review during year	16	14	15
Total number of patients treated during the year	440	519	517
Number of patients discharged for the first time during year	205	210	224
Number of readmitted patients discharged during year	79	92	61
Number of review patients discharged during year	17	16	19
Total number of patients discharged during year	301	318	304
Number of patient days treatment	64,486	78,790	76,931
Number of patient days treatment, non tuberculous patients (included above)	2,395	2,061	1,843

ADMISSIONS DURING YEAR—SOURCE OF PATIENTS

(Dominion Bureau of Statistics Classification)

Table II			
First admission to any institution	107	126	139
Readmission—previously treated at any institution	51	80	69
Transfer direct from another institution	60	78	81
To continue treatment (temporarily released)	4	6	3
Review only (evaluation—no treatment)	17	16	19
TOTAL	239	306	311

DIAGNOSIS OF ALL PATIENTS DISCHARGED DURING YEAR

(Review cases are excluded)

Table III (a)	First Admissions	Readmissions*
Pulmonary tuberculosis—reinfection type	130 or 63.4%	68 or 86.1%
Pulmonary tuberculosis—primary active	9 or 4.4%	
Pleurisy with effusion—suspect tuberculosis	1 or .5%	
Tuberculous empyema	1 or .5%	
Tuberculosis of kidney	2 or 1.0%	2 or 2.5%
Tuberculosis of knee		1 or 1.3%
Tuberculous peritonitis	1 or .5%	
Tuberculosis of spine	2 or 1.0%	
Pulmonary disease—non tuberculous	59 or 28.8%	8 or 10.1%
TOTAL	205 or 100%	79 or 100%

* Previously treated at this institution.

Table III (b)

FINAL PRINCIPAL TUBERCULOSIS DIAGNOSIS OF REVIEW CASES DISCHARGED DURING THE YEAR

	Inactive	Active
Tuberculosis of Lung:		
Minimal	2	1
Moderately advanced	7	2
Far advanced	1	2
Other tuberculosis	0	2
TOTAL	10	7

Table III (c)

COMPLICATIONS OF PATIENTS DISCHARGED
Calendar Year 1962

(Excludes all principal diagnoses shown in Tables III(a), III(b), & IV(a)
*Indicates disease of the chest other than heart

A. TUBERCULOUS CONDITIONS:	
Abscess, ischiorectal	1
Adenitis	2
Bones & Joints:	
a) Hip	2
b) Spine	2
*Bronchiectasis	33
*Bronchopleural fistula	9
*Empyema	3
Genitourinary	4
Iridocyclitis	1
Laryngitis	2
*Pleurisy with effusion	7
*Silicotuberculosis	5
*Tracheobronchitis	7
TOTAL	78

B. CONDITIONS OTHER THAN TUBERCULOSIS:

Abscess, axilla	1
Abscess, dental	1
*Abscess, lung	1
Abscess, multiple of organs abdominal	1
Abscess, tonsil	1
Acne Vulgaris	1
Anaemia, iron deficiency	14
Ankylosis of joint	2
Appendicitis	1
Arteriosclerosis	7
Arthritis, osteo	7
Arthritis, rheumatoid	3
*Asthma, bronchial	2
*Atelectasis	1
Atheroma of aorta	1
Auricular fibrillation	1
*Bronchiectasis	5
*Broncholithiasis	1
Bursitis	1
Calculus, renal	1
Cataracts	3
Cervicitis, chronic	1
Cholelithiasis	1
Chondroma	1
Colitis, ulcerative	1
*Collagen Disease, acute	1
Cor, pulmonale	5
Cyst, sebaceous	1
Cystitis, acute	1
Deafness	2
Dermatitis	3
Diabetes Mellitus	31
Dislocation of shoulder	1
Diverticulosis of colon	2
Dupuytren's contracture	1
*Emphysema, generalized of lung	8
Epilepsy	1
Fibrocystic disease of breast	1
Fibroma	1
Fibromyometa, uterine	2
*Fibrosis of lung, cause undetermined	2
Fracture of femur	2
Fracture of finger	1
Glomerulonephritis, acute	1
Glomerulonephritis, chronic	2
Gynecomastia	2
Haemorrhage, cerebral	1
Haemorrhage, G.I. tract	1
Heart disease	
Acute congestive failure	3
Coronary	9
Hepatomegaly, cause undetermined	1
Hernia, inguinal	3
Hernia, Morgagni	1
Hepatitis, infectious	1
Hepatitis, toxic	2
Hydrocele	1
Hypertension	4
Hypertensive cardiovascular disease	6
Hypothyroidism	1

Keratosis	1
Kyphosis, dorsal	1
Lipoma	1
Marie Strumpell's disease	1
Neoplasm, benign skin	3
Neoplasm, malignant, breast	1
Neoplasm, malignant, colon	1
*Neoplasm, malignant lung	5
Neoplasm, malignant, rectum	1
Obesity	5
Osteomyelitis	2
Osteoporosis, senile	1
Otitis media, chronic	2
Parkinson's disease	1
Parotitis, acute	1
*Pectus excavatum	1
*Pleurisy with effusion	1
*Pneumonia, broncho	2
*Pneumonia, lobar	5
*Pneumonitis	7
*Pneumothorax, spontaneous	2
Pregnancy	4
Prolapse of rectum	1
Prostatic hypertrophy	5
Psychiatric conditions	
Alcoholism	1
Anxiety state	2
Depression, acute	1
Depression, recurrent	1
Depression, other	5
Emotional instability	1
Mental defective	2
Passive-aggressive reaction	1
Personality disorder	2
Psychosis	2
Schizophrenia	6
Pyelonephritis	1
Salpingitis	1
Shoulder-Hand syndrome	1
*Stenosis, bronchial	1
Stenosis, duodenal	1
Tonsillitis	2
Tumour, abdominal	1
Ulcer, duodenal	3
Ulcer, gluteal	1
Vaginitis, monilia albicans	1
Varicose veins	1

Table IV (a)

NON-TUBERCULOUS PATIENTS—DIAGNOSIS ON DISCHARGE

(Includes sick staff admitted to other than sick staff roms for care of minor illnesses)

	First Admissions	Readmissions*
Abortion, incomplete	1	
Abscess, lung	1	
Appendicitis, acute	2	
Asthma, bronchial	3	

Atelectasis, cause undetermined		1
Bronchiectasis, non tuberculous	3	3
Bronchitis, chronic	1	
Carcinoma, adeno, gland of neck (primary in lung resected)		1
Carcinoma, bronchogenic	3	
Carcinoma, lung, secondary, primary site unknown	1	
Carcinoma, oesophagus	1	
Carcinoma, pleura, secondary, primary site unknown	1	
Cholecystitis and Cholelithiasis	2	
Coronary Artery Heart disease	1	
Cyst, bronchogenic	1	
Cystic disease of lung	1	1
Farmer's Lung	1	
Fibrosis of lung, etiology undetermined	4	
Fibrothorax of undetermined origin	1	
Hodgkin's Disease	1	
Influenza	1	
Jaundice, obstructive due to stone		1
Legge-Perthes disease	1	
Lymphadenitis, cervical, etiology undetermined	1	
Necrosis of lung, post irradiation	1	
Osteoarthritis of spine		1
Osteochondritis Juvenilis Lumborum	1	
Pleurisy with effusion—non tuberculous	3	
Pneumonia, broncho	3	
Pneumonia, lobar	4	
Pneumonitis	1	
Pneumonoconiosis	2	
Sarcoidosis, pulmonary	3	
Scheuermann's disease	1	
Sequestration, pulmonary	1	
No evidence of significant disease	5	
Diagnosis not established	2	
TOTAL	59	8

* Previously treated at this institution.

Table IV (b)

NON-TUBERCULOUS PATIENTS DISCHARGED—Year 1962
Health Unit referring case

Health Unit	First Admissions	Readmissions*
Atlantic	3	0
Cape Breton—North	1	0
Cape Breton—South	2	0
Cobequid	1	0
Fundy	32	5
Halifax City	0	0
Lunenburg-Queens	3	0
Northumberland	11	2
Western	6	1
TOTAL	59	8

Table V

DISCHARGE CONDITION OF PATIENTS WITH TUBERCULOSIS—ALL FORMS

(Review cases excluded)
Calendar year 1962

	First Admissions	Readmissions*
Inactive	13 or 8.9%	15 or 21.1%
Active improved	121 or 82.9%	43 or 60.6%
Active unimproved	3 or 2.1%	4 or 5.6%
Activity undetermined	0 or 0.0%	0 or 0.0%
Died	9 or 6.1%	9 or 12.7%
All Discharges	146 or 100%	71 or 100%

* Previously treated at this institution.

Table VI (a)

TYPES OF DISCHARGE OF PATIENTS WITH TUBERCULOSIS—ALL FORMS

First Admissions

	Calendar Year 1962			Calendar Year	Calendar Year
	Male	Female	Total	1961	1960
On Medical Advice to home (without drugs)	10 or 11.8%	6 or 9.8%	16 or 11.0%	32 or 19.8%	29 or 16.6%
To continue drugs at home	51 or 60.0%	36 or 59.0%	87 or 59.6%	66 or 40.7%	91 or 52.0%
Transfer to other institutions	5 or 5.9%	6 or 9.8%	11 or 7.5%	20 or 12.3%	23 or 13.1%
Against medical advice	6 or 7.1%	9 or 14.8%	15 or 10.3%	30 or 18.5%	19 or 10.8%
Misconduct	7 or 8.2%	1 or 1.6%	8 or 5.5%	4 or 2.5%	5 or 3.0%
Died	6 or 7.1%	3 or 4.9%	9 or 6.1%	10 or 6.2%	8 or 4.6%
TOTAL	85 or 100%	61 or 100%	146 or 100%	162 or 100%	175 or 100%

Table VI (b)

Readmissions*

	Calendar Year 1962			Calendar Year	Calendar Year
	Male	Female	Total	1961	1960
On Medical Advice to home (without drugs)	15 or 32.6%	7 or 28.0%	22 or 31.0%	31 or 35.6%	15 or 26.3%
To continue drugs at home	13 or 28.3%	9 or 36.0%	22 or 31.0%	36 or 41.4%	21 or 36.8%
Transfer to other institutions	4 or 8.7%	1 or 4.0%	5 or 7.0%	5 or 5.7%	3 or 5.3%
Against medical advice	6 or 14.0%	4 or 16.0%	10 or 14.1%	11 or 12.6%	8 or 14.0%
Misconduct	3 or 6.5%	0 or 0.0%	3 or 4.2%	1 or 1.2%	5 or 8.8%
Died	5 or 10.9%	4 or 16.0%	9 or 12.7%	3 or 3.5%	5 or 8.8%
TOTAL	46 or 100%	25 or 100%	71 or 100%	87 or 100%	57 or 100%

* Previously treated at this institution.

Table VI (c) **TYPE OF DISCHARGE OF PATIENTS—TUBERCULOSIS—ALL FORMS**

All Discharges—Admissions and Readmissions*
(Review cases excluded)

	Calendar Year 1962	Calendar Year 1961	Calendar Year 1960	Calendar Year 1959
On medical advice to home (without drugs)	38 or 17.5%	63 or 25.3%	44 or 19.0%	141 or 50.0%
To continue drugs at home	109 or 50.2%	102 or 41.0%	112 or 48.3%	not classified
Transfer to other institutions	16 or 7.4%	25 or 10.0%	26 or 11.2%	38 or 13.5%
Against medical advice	25 or 11.5%	41 or 16.5%	27 or 11.6%	80 or 28.3%
Misconduct	11 or 5.1%	5 or 2.0%	10 or 4.3%	9 or 3.2%
Died	18 or 8.3%	13 or 5.2%	13 or 5.6%	14 or 5.0%
TOTAL	217 or 100%	249 or 100%	232 or 100%	282 or 100%

Table VI (d) **IRREGULAR DISCHARGES** TUBERCULOSIS—ALL FORMS—AGE GROUPS**

Age Groups	Calendar Year 1962 First Admissions			Readmissions*	1962 Total and Percentage of all discharges in same age group	1961 Total and Percentage of all discharges in same age group
	Male	Female	Total			
0— 9	0 or 0.0%	0 or 0.0%	0 or 0.0%	0 or 0.0%	0 or 0.0%	0 or 0.0%
10—19	0 or 0.0%	1 or 11.1%	1 or 7.7%	0 or 0.0%	1 or 7.1%	5 or 21.7%
20—29	7 or 35.0%	4 or 22.2%	11 or 28.9%	2 or 33.3%	13 or 29.5%	3 or 10.0%
30—39	1 or 11.1%	3 or 27.3%	4 or 20.0%	3 or 30.0%	7 or 23.3%	12 or 26.7%
40—49	3 or 18.7%	2 or 18.1%	5 or 18.5%	3 or 16.7%	8 or 17.8%	7 or 14.3%
50—59	0 or 0.0%	0 or 0.0%	0 or 0.0%	4 or 26.7%	4 or 14.8%	11 or 27.5%
60 +	2 or 10.5%	0 or 0.0%	2 or 8.7%	1 or 5.5%	3 or 7.3%	8 or 13.6%
[illegible]	13 or 16.2%	10 or 16.9%	23 or 16.5%	13 or 19.1%	36 or 17.4%	46 or 18.5%

* Previously treated at this institution.

** Against medical advice and for misconduct (percentage refers to ratio of irregular discharges to total number of discharges in that age group).

Table VI (e)

IRREGULAR DISCHARGES

AMERICAN THORACIC SOCIETY FORMULA

Total number of patients discharged Jan. 1st to Dec. 31st, 1962		301
Total deductions		118
a) Deaths	19	
b) Non Tb. discharges	66	
c) Transfer to other hospitals for continuation of Tb. treatment	16	
d) Discharges of patients admitted for observation, diagnostic procedures, special examinations, or follow-up and for whom less than 30 days' hospitalization was anticipated by original intent	17	
e) Discharges of court order patients from locked wards	0	
Net Tb. discharges		138
Total irregular discharges		36
a) Against medical advice (disease unstable: 8)	25	
b) Disciplinary (disease unstable: 3)	11	
Per cent irregular discharges 1962 (item 4 $\div$ 3 x 100)	19.7	
Per cent irregular discharges 1961	21.8	
Per cent irregular discharges 1960	19.2	
Per cent irregular discharges 1959	39.5	

Table VII

ADMISSION DIAGOSIS OF PATIENTS DISCHARGED

(Pulmonary tuberculosis only)
Review cases excluded

Admission Diagnosis	First Admissions Calendar Year 1962 Males	Females	Total	Fiscal years ending in 1952 Totals	1942 Totals	1932 Totals	Readmissions* Calendar Year 1962 Totals
Primary --	4 or 5.0%	5 or 8.5%	9 or 6.5%	Not incl.	Not incl.	Not incl.	0 or 0.0%
Minimal -	16 or 20.0%	15 or 25.4%	31 or 22.3%	18 or 10.0%	58 or 18.5%	21 or 14.5%	4 or 5.9%
Moderately advanced	32 or 40.0%	26 or 44.1%	58 or 41.7%	74 or 41.1%	133 or 42.3%	21 or 14.5%	28 or 41.2%
Far advanced	28 or 35.0%	13 or 22.0%	41 or 29.5%	88 or 48.9%	123 or 39.2%	103 or 71.0%	36 or 52.9%
Silicotuberculosis	0 or 0.0%	0 or 0.0%	0 or 0.0%	0 or 0.0%	0 or 0.0%	0 or 0.0%	0 or 0.0%
TOTAL -	80 or 100%	59 or 100%	139 or 100%	180 or 100%	314 or 100%	145 or 100%	68 or 100%

* Previously treated at this institution.

Table VIII (a)

AGES AT TIME OF ADMISSION OF PATIENTS DISCHARGED DURING 1962

Pulmonary Tuberculosis only—Primary and Reinfection Type
(Review Cases excluded)

	First Admissions*						Readmissions*
	Calendar Year 1962			Fiscal years ending in			Calendar Year—1962
	Males	Females	Total	1952 Total	1942 Total	1932 Total	Total
0— 9	3	3	6	0	0	0	0
10—19	4	9	13	24	19	18	1
20—29	20	18	38	67	151	77	6
30—39	9	11	20	47	90	27	10
40—49	16	11	27	28	31	14	18
50—59	9	3	12	7	14	6	15
60+	19	4	23	9	9	3	18
Total	80	59	139	180	314	145	68
Average age	42.6	31.7	37.9	31.6	31.4	29.6	50.3

* Previously treated at this institution.

Table VIII (b)

AGE GROUPS AND SEX OF PATIENTS IN RESIDENCE

(Actual age on last day of year)

Tuberculosis—All forms
(Review cases excluded)

	On December 31, 1962					On December 31, 1961		On December 31, 1960	
	Male	Female	Total	Percentage Actual	Percentage Cumulative	Total	Cumulative Percentage	Total	Cumulative Percentage
0— 4	2	3	5	3.6	3.6	5	2.6	3	1.4
5— 9	2	2	4	2.9	6.5	2	3.6	2	2.3
10—14	1	1	2	1.5	8.0	3	5.1	3	3.7
15—19	3	2	5	3.6	11.6	6	8.2	13	9.9
20—29	5	4	9	6.6	18.2	35	26.2	24	21.4
30—39	14	7	21	15.3	33.5	27	40.0	39	40.1
40—49	20	6	26	19.0	52.5	38	59.5	39	58.8
50—59	23	3	26	19.0	71.5	37	78.5	33	74.6
60—69	13	5	18	13.1	84.6	18	87.7	31	89.4
70—79	11	7	18	13.1	97.7	22	99.0	16	97.1
80+	3	0	3	2.2	100.0	2	100.0	6	100.0
All Ages	97	40	137	100%		195		209	

Table VIII (c)

EXTENT OF DISEASE AND SEX OF PATIENTS IN RESIDENCE

Tuberculosis—All forms
(Includes First Admissions and Readmissions, excluding review)

December 31, 1962

Extent of Disease	Males	Females	Total	Percentage
Primary	2	3	5	3.6
Minimal	5	1	6	4.4
Moderately advanced	33	16	49	35.8
Far advanced	52	16	68	49.6
Non respiratory tuberculosis	5	4	9	6.6
TOTAL	97	40	137	100%

Table VIII (d)

AGE GROUPS AND PRINCIPAL TUBERCULOSIS DIAGNOSIS OF PATIENTS IN RESIDENCE

December 31, 1962

Age Group	Primary	Minimal	Mod. Adv-anced	Far Adv-anced	Non Respiratory	Total	Dec 31 1961 Total
0— 4	4	0	0	0	1	5	5
5— 9	1	0	1	0	2	4	2
10—14	0	0	0	0	2	2	3
15—19	0	0	4	0	1	5	6
20—29	0	0	4	4	1	9	35
30—39	0	1	11	7	2	21	27
40—49	0	1	12	13	0	26	38
50—59	0	1	6	19	0	26	37
60—69	0	3	7	8	0	18	18
70—79	0	0	2	16	0	18	22
80+	0	0	2	1	0	3	2
TOTAL	5	6	49	68	9	137	195

Table VIII (e)

AGE GROUPS AND SEX OF PATIENTS ADMITTED AND READMITTED DURING THE YEAR

TUBERCULOSIS—ALL FORMS
(Review cases excluded)

Age Group	Calendar Year 1962				1961		1960	
	Male	Female	Total	Percentage	Total	Percentage	Total	Percentage
0— 4	2	4	6	3.8	2	0.8	4	1.6
5— 9	1	1	2	1.3	3	1.3	3	1.1
10—14	1	2	3	1.9	7	2.9	4	1.6
15—19	6	4	10	6.3	11	4.6	14	5.5
20—29	10	10	20	12.6	41	17.2	41	16.0
30—39	18	9	27	17.0	35	14.7	52	20.3
40—49	19	12	31	19.5	48	20.2	55	21.5
50—59	16	4	20	12.6	40	16.8	35	13.7
60—69	14	5	19	11.9	25	10.5	29	11.3
70—79	10	7	17	10.7	22	9.3	14	5.5
80+	4	0	4	2.5	4	1.7	5	1.5
TOTAL	101	58	159	100%	238	100%	246	100%

Table IX

RELIGION OF PATIENTS DISCHARGED

Tuberculosis—All forms
(Review cases excluded)

Calendar Year 1962

	First Admissions Totals	Readmissions* Totals
Baptist	19 or 13.0%	18 or 25.4%
Catholic, Roman	61 or 41.8%	18 or 25.4%
Christian Church	4 or 2.7%	0 or 0.0%
Episcopalian	30 or 20.6%	16 or 22.5%
Greek Orthodox	1 or 0.7%	0 or 0.0%
Lutheran	2 or 1.4%	0 or 0.0%
Mohammedan	1 or 0.7%	0 or 0.0%
Presbyterian	6 or 4.1%	7 or 9.9%
Salvation Army	2 or 1.4%	0 or 0.0%
United Church	20 or 13.7%	12 or 16.9%
TOTAL	146 or 100%	71 or 100%

* Previously treated at this institution.

Table X

RESIDENCE OF PATIENTS DISCHARGED

Tuberculosis—All Forms
(Review cases excluded)

Calendar Year 1962

	First Admissions			Readmissions*		
	Males	Females	Total	Males	Female	Total
Annapolis County	3	0	3	2	1	3
Antigonish County	4	2	6	0	0	0
Cape Breton County	9	11	20	2	0	2
Colchester County	1	3	4	3	2	5
Cumberland County	4	2	6	4	2	6
Digby County	3	2	5	5	3	8
Guysborough Co.	2	2	4	1	0	1
Halifax City	11	6	17	3	1	4
Halifax County	6	6	12	6	3	9
Hants County	4	3	7	1	1	2
Inverness County	1	5	6	1	0	1
Kings County	8	2	10	6	3	9
Lunenburg County	8	4	12	1	3	4
Pictou County	9	8	17	5	5	10
Queens County	3	2	5	3	0	3
Richmond County	1	0	1	0	0	0
Shelburne County	3	0	3	1	0	1
Victoria County	0	0	0	1	0	1
Yarmouth County	3	2	5	1	1	2
Newfoundland	1	0	1	0	0	0
New Brunswick	1	1	2	0	0	0
TOTAL	85	61	146	46	25	71

* Previously treated at this institution.

Table XI

SURGICAL PROCEDURES

Calendar Year 1962

A. Artificial Pneumoperitoneum:		
Number of patients		3
Number of refills		106
B. Primary Thoracoplasty:		0
C. Pulmonary Resections:		75
Indications:		
Adenomatosis, pulmonary	1	
Atelectasis	1	
Bronchiectasis	1	
Cyst, bronchogenic	1	
Sarcoidosis	1	
Sequestration, pulmonary	1	
Tuberculosis	69	
For Pulmonary Tuberculosis: Type of operation		
Pneumonectomy	2	
Lobectomy and segmentectomy	3	
Lobectomy and wedge resection	3	
Lobectomy	34	
Segmentectomy	11	
Wedge Resection	16	
Results:		
Greatly improved	44	
Improved	24	
Dead	1	

Cause of Death:

1. Pulmonary Tuberculosis, Bronchopleural Fistula and Empyema (16 days postoperatively)

Operative Mortality (within 60 days) 1.45%*

* Based on tuberculosis cases only.

Table XI D

RESECTIONAL THERAPY ON PATIENTS DISCHARGED

Pulmonary Tuberculosis only—according to extent of disease

FIRST ADMISSIONS

Extent of Disease	Calendar Year 1962 Males	Females	Total	1961 Totals	1960 Totals	1959 Totals	1958 Totals
Minimal	4 or 25%*	7 or 47%	11 or 35%	9 or 29%	9 or 30%	16 or 40%	23 or 53%
Moderately advanced	9 or 28%	19 or 73%	28 or 48%	11 or 18%	39 or 46%	49 or 52%	74 or 56%
Far advanced	7 or 25%	6 or 46%	13 or 32%	5 or 11%	7 or 15%	16 or 31%	21 or 36%
Total	20 or 26%	32 or 59%	52 or 40%	25 or 18%	55 or 34%	81 or 44%	118 or 51%
Bilateral operations	3	4	7	0	2	8	2

READMISSIONS**

Extent of Disease	Calendar Year 1962 Males	Females	Total	1961 Totals	1960 Totals	1959 Totals	1958 Totals
Minimal	0 or 0%	0 or 0%	0 or 0%	1 or 17%	0 or 0%	0 or 0%	0 or 0%
Moderately advanced	7 or 44%	2 or 17%	9 or 32%	8 or 17%	4 or 15%	12 or 29%	17 or 40%
Far advanced	1 or 4%	2 or 20%	3 or 8%	2 or 6%	5 or 19%	3 or 9%	5 or 21%
Total	8 or 18%	4 or 17%	12 or 18%	11 or 13%	9 or 16%	15 or 18%	22 or 26%
Bilateral operations	0	0	0	0	1	0	2

* Percentage refers to percentage of all first admissions or readmissions with this extent of disease.
** Readmission means previous treatment at the Nova Scotia Sanatorium.

Table XI (cont.)

E. Sundry Surgical Procedures—Major:	
Abdominal perineal resection	2
Appendicectomy	5
Cholecystectomy	1
Colectomy	1
Decortication, pleural	2
Delivery	2
Enucleation of eye	1
Haemorrhoidectomy	4
Hysterectomy, abdominal	1
Laparotomy	1
Mastectomy, simple	3
Oesophageal resection	1
Orchidectomy	1
Rib resection, drainage of empyema	1
Thoracotomy with lung biopsy	2
F. Sundry Surgical Procedures—Minor:	
Application of plaster cast	4
Aspiration, joint	2
Aspiration, pleural fluid	18
Biopsy, inguinal gland	1
Biopsy, pleural tissue	6
Biopsy, scalene node	16
Biopsy, skin	1
Blood transfusion	257
Curettage of sinus	1
Dilation and Curettage of uterus	2
Excision of cyst	5
Excision of lipoma	2
Excision of mass from breast	2
Excision of mole	4
Excision of papilloma	7
Excision of rheumatoid nodules	1
Incision and Drainage of abscess	7
Nerve Block	2
Paracentesis	2
Passage of urethral sounds	7
Removal of cataracts	1
Thoracostomy	2
Unguectomy	4
G. Anaesthesia:	
Novocaine 2%	50
Novocaine 2% + Adrenalin + Pontocaine ½% drops	2
Pentothal Sodium	27
Pentothal Sodium + Ether + Cyclopropane + Oxygen	97
Pontocaine 2% topical	168
Xylocaine 4%	3

Table XII

X-RAY DEPARTMENT REPORT

Abdominal (flat film)	6
Barium enema	12

Bones and Joints		265
Bronchograms		102
Chest (flat film, including laterals)		4531
Colon		2
Dental		22
Fistula, contrast media		9
Gall Bladder		12
Gastrointestinal (complete)		32
Kidney-Ureter-Bladder		17
Oesophagus		2
Outside films—interpreted		1269
—developed and interpreted for Medical Services, Department of National Health & Welfare (Indian)	325	
—others interpreted	944	
Planigraphs		141
Sinus and Mastoid		6
Total		6,428

3037 Out-patient x-ray examinations are included in above table.

Film developing service for Department of Public Health:

Cobequid Health Unit	2825
Fundy Health Unit	3110
Northumberland Health Unit	2643
Western Health Unit	2198
All Units	10,776

Table XIII

LABORATORY REPORT

Units of Work performed:

	1962	1961	1960	1959
General Laboratory	59,036	60,481	62,859	64,552
Milk and Water Laboratory	15,080	14,843	15,508	14,959
Total Units performed in Nova Scotia Sanatorium Laboratory	74,116	75,324	78,367	79,511
Units of Work performed for the Sanatorium by Public Health, Red Cross and Biochemistry Laboratories, Halifax	3,643	3,025	4,008	5,854
Total Units of Work for Sanatorium specimens	77,759	78,349	82,375	85,365

Bacteriology:

Bronchoscopic specimens for tubercle bacilli:	
Concentrated cultures	206
Cerebrospinal fluid specimens for tubercle bacilli:	
Direct cultures	15
Direct smears	2
Gastric Lavages for tubercle bacilli:	
Concentrated cultures	536
Concentrated smears	126

Miscellaneous specimens for tubercle bacilli:	
Concentrated cultures	100
Concentrated smears	43
Direct cultures	192
Direct smears	92
Sputum specimens for tubercle bacilli:	
Concentrated cultures	3399
Concentrated smears	1203
Tubercle bacilli sensitivities	
to Streptomycin, PAS and INH	121
to Ethionamide	11
Urines for tubercle bacilli:	
Concentrated cultures	464
Concentrated smears	223
Secondary Organisms:	
Blood cultures	6
Fungi	14
General Antibiotic Sensitivity Tests	173
Miscellaneous	296
Sputum	95
Sterilities and Restaurants	109
Stool	1
Throat	175
Urine	36
Biochemistry:	
Bromsulphalein	253
Cephalin Cholesterol Flocculation	26
Chlorides	1
Congo Red	3
Creatinine	13
Gastric Analysis	4
Glucose	707
Glucose Tolerance	17
Non Protein Nitrogen	429
Thymol Turbidity	213
Total Protein, A/G Ratio	35
Van den Bergh, quantitative	58
Cerebrospinal Fluid:	
Cell Count	6
Chlorides	4
Protein	6
Sugar	5
Faeces:	
Bile and Urobilin	16
Occult Blood	49
Ova and Parasites	2
Haematology:	
Bleeding Time	17
Clotting Time	18
Collections	1335
Cross Matching	13
Differential Counts	1587
Eosinophil Counts	4
Hematocrits	1151
Hemoglobin estimations	1879
L. E. Cells	7

Platelet Counts	14
Red Blood Cell Counts	5
Reticulocyte Counts	9
Sedimentation Rates	1151
White Blood Cell Counts	2201
Kidney Function Tests:	
Concentration	1
Dilution	0
Milk and Water Examinations:	
Samples tested for coliforms:	
Chocolate Dairy Drinks	236
Creams	214
Ice Cream Mix	12
Milks	1078
Egg Nog	1
Waters	1068
Samples tested for phosphatase:	
Chocolate Dairy Drinks	229
Creams	207
Ice Cream Mix	12
Milks	1044
Egg Nog	1
Other tests:	
Plate Counts	46
Resazurins	73
Urines:	
Acetone tests	9
Albumin	2
Bile	71
P.S.P.	2
Routine Urinalysis	1909
Sugars, diabetic	100
Trichomonas smears	30
Urobilinogen	10
Tests Performed in the Biochemistry Laboratory, Halifax:	
Acid Phosphatase	1
Alkaline Phosphatase	84
Calcium	8
Calcium, urine	1
Chlorides	10
Cholesterol	19
Creatinine	2
Gamma Globulin	1
17 Ketosteroids	2
Phosphorus	2
Potassium	10
Protein Bound Iodine	8
Urea Nitrogen	0
Uric Acid	12
Sodium	11
Tests Performed in the Public Health Laboratory, Halifax:	
Bacteriology:	
Gonococcus smears	62
Paul Bunnell	12
Sputum for fungi	11
Stools for enteric	1

Cerebrospinal Fluid:	
Colloidal Mastic	3
Hematology:	
Bone Marrow	2
L. E. Cells	7
Pathology:	
Papanicolaou smears	98
Serology:	
Kahn	0
Rose Waaler	7
V.D.R.L.	341
Wassermann (C.S.F.)	3
Urine:	
Urine for pregnancy	6
Tests Performed in the Red Cross Laboratory:	
Blood Groups, Cross Matching, Rh, for surgery	289

Note: We continue to be indebted to Dr. W. A. Taylor, Administrator of Laboratory Services of the Department of Public Health and to his staff and to the Red Cross Blood Transfusion Service for invaluable assistance rendered throughout the year.

Table XIV

SPECIAL SERVICES

			1962	1961
A. Outpatient Department:				
(1) Total visits to chest clinic			3037	3060
Ex-patients	677			
Staff	1380			
Others	980			
(2) Number of old cases reactivated			4	3
(3) Number of newly diagnosed cases			0	1
(4) B.C.G. Clinic:				
Total vaccinations			62	51
Nurses: Graduate	3			
Student	0			
Others	49			
Other hospital personnel	7			
Adult and children contacts	3			
B. Bronchoscopic Service:				
Bronchoscopic examinations			175	138
C. Physical Therapy Service:				
(1) Treatments:				
Exercise—active and passive			2845	2262
Infra Red Light Therapy			217	399
Massage			464	560
Short Wave Therapy			208	328
Steam Packs			408	246
Wax Baths			430	0
Intermitten Positive Pressure Breathing			43	0
(2) Diagnostic Procedures:				
Electrocardiograms			91	106
Pulmonary Function tests			53	56

D. Psychiatric Service:

	Patients	Visits
Service by Psychiatrists		
To Psychotics	4	13
Psychoneurotics	9	53
Psychophyiologic Disorders	2	3
Personality Disorders	1	3
Brain Disorders	3	7
No Psychiatric Dignosis	1	1
Total	20	80
Lecture Series to Nurses-in-Training		12
Service by Psychologist (testing)	1	1

E. Dental Service:

Examinations	140
Prophylactic treatments	121
Extrations	255
Fillings	230
Artificial dentures (professional service only)	12

F. Special Examinations:

Autopsies:	
In patients	7
Other (service to local physicians)	4
Sanatorium deaths 19 Autopsy rate	36.8%
Cystoscopic examinations	2
Gentian Violet, injection of	4
Lumbar puncture	8
Pelvic examinations	45
Prenatal examinations	27
Sigmodioscopic examinations	4
Sternal puncture	11

Table XV

SPONSORSHIP OF PATIENTS HOSPITALIZED

	1960	1961	1962
Department of National Defence—			
Army	1	1	2
Navy	2	3	2
Air Force	3	2	0
Department of National Health & Welfare, Medical Services:			
a) Immigration Medical Services	1	0	0
b) Indian and Northern Health Services	10	12	12
c) Sick Mariners Services	0	2	4
Department of Veterans Affairs:	60	59	40
Reciprocal Agreement:			
a) with Ontario	1	2	1
b) with New Brunswick	0	0	0
c) with Prince Edward Island	0	0	0
Department of Public Health of Nova Scotia (free treatment)	439	438	379
Total	517	519	440

Fourteenth Annual Report

OF

Point Edward Hospital

N. S. DEPARTMENT OF PUBLIC HEALTH

SYDNEY, NOVA SCOTIA

FOR THE CALENDAR YEAR

ENDING DECEMBER 31, 1962

HONOURABLE RICHARD A. DONAHOE
Minister of Public Health

Doctor J. S. Robertson
Deputy Minister

Doctor J. E. Hiltz
Administrator of Tuberculosis Control Services

MEDICAL STAFF

Medical Superintendent	Dr. D. S. Robb
Staff Physician	Dr. T. Krzyski
Staff Physician	Dr. D. M. Muir
Consultants	Dr. W. MacIsaac—Bronchoscopy
	Dr. D. B. Archibald—Urology
Courtesy Consultant	Dr. H. R. Corbett—Radiology

NURSING STAFF

Director of Nursing	Miss Katherine MacKenzie
Asst. Director of Nursing	Mrs. Flora MacDonald
Head of Teaching Department	Mrs. Winnifred Protheroe
O.R. Supervisor	Miss Helen Chiasson
Evening Supervisor	Miss Margaret Bates
Night Superivsor	Mrs. Edna MacDougall
Relief Supervisor	Miss Helen MacKenzie
Head Nurse—Ward A	Mr. James MacDougall
—Ward B	Mrs. Irene Pierrynowski
—Ward C	Mrs. Elizabeth Reid
—Ward D	Mrs. Lenore Lawley

ADMINISTRATIVE AND TECHNICAL STAFF

Administrative Assistant	Mr. W. G. Smith
Chief Clerk	Mrs. Margaret MacKenzie
Stores Supervisor	Mrs. Isobel MacPherson
Rehabilitation Supervisor	Mr. John A. MacDougall (Resigned Sept. 30, 1962)
X-Ray Technician	Mrs. Ada O'Callaghan
Laboratory Technician	Mrs. Florence Tynski Currie (Married Sept., 1962)
Dietitian	Mrs. Mabel E. Burchell (Resigned Feb. 20, 1962)
	Mrs. Mary Josephine MacInnis (Appointed May, 1962)
Housekeeper	Mrs. Greta MacDougall
Medical Records Librarian	Miss Vivian Fraser

ANNUAL REPORT OF POINT EDWARD HOSPITAL

— 1962 —

SERVICES RENDERED:

During 1962 services were rendered to 248 "in-patients"—111 who were in hospital at the beginning of the year and 237 who were admitted during the twelve month period. The year surprised us somewhat in that the downward trend in the number of admissions appeared to be checked, at least momentarily, as the number of patients admitted

dropped by only one, and the average daily census actually climbed slightly from 113 in 1961 to 115 in 1962.

Our field of reference remained unchanged—the medical treatment of cases of pulmonary and extra-pulmonary tuberculosis, and the investigation (either on an in-patient or out-patient basis) of cases referred to us for assessment where tuberculosis has been proven but the activity of the lesion (and consequently the need for treatment) remained in doubt, or where tuberculosis had been suspected but not proven, or where help was requested in assessing some obscure pulmonary condition. We were particularly interested in the cases of pneumoconiosis, so common in this mining community, where dust disease and tuberculosis so frequently go hand-in-hand.

Of the 237 admissions during the year, 202 were for tuberculosis and 35 were for conditions which proved to be non-tuberculous. Of the 202 tuberculous patients admitted, in only 24% was the disease in the primary or minimal stages, while 10% were non-pulmonary and 10% were associated with pneumoconiosis or dust diseases. Thus 56% of admissions were for moderately advanced or far advanced disease. Many of these patients had had ample opportunity to spread their disease to others, and in all of them the task of bringing their disease under control was the greater because they were already in advanced stages. It should be a sobering thought to realize that every case where disease is allowed to reach an advanced stage before being diagnosed and every case which is allowed to transmit the disease to others before being brought under control, pushes further ahead into the distant and invisible future the time when tuberculosis will be erradicated as a problem in Nova Scotia.

METHODS OF TREATMENT:

Methods of treatment remained essentially unchanged during the year. All patients with an established diagnosis of active tuberculosis receive two or more of the anti-tuberculosis drugs, but in spite of this pharmaceutical assistance to healing the disease the process of healing remains one which must be carried out by the restorative powers of the patient's own body. This healing is a long slow process, which proceeds more quickly when the patient is at rest in bed, but even then takes time—many weeks, months, and years—a process which must go on for the remainder of the patient's life, and which can break down and cause reactivation many months or many years after the disease was thought to be fully healed.

The anti-tuberculosis agents largely in use are Isoniazid, P.A.S., Streptomycin, Cycloserine, and Ethionamide. It is important that these be given in combination, as the bacilli quickly build up a resistance to one alone, and that they be taken regularly, in proper dosage, and over a long period of time—usually for at least two years. Fortunately, in many cases it is possible to discharge the patient to his home to complete the final part of his medical treatment there. The average actual length of stay in this hospital of patients discharged, transferred, or died during the year was 167 days, down from 192 days of the previous year—but we hasten to comment that any figure which averages patients in for just a few days assessment and others in for long term treatment, or makes no distinction between patients being discharged home and those transferred elsewhere for special treatment not available here, such a figure means very little.

Surgery plays a large part in the treatment of pulmonary and extra-pulmonary tuberculosis. Patients who after a period of medical treat-

ment still have appreciable unhealed disease (persisting cavities, solid areas of caseous or necrotic disease, or other serious permanent tissue damage) are frequently best treated by surgical resection of the damaged areas, where such disease is not too wide-spread and where the patient's general condition warrants major surgery. During the year thirty-three patients were transfered to the Nova Scotia Sanatorium for further treatment, and most of these underwent resectional surgery.

RESULTS:

During the year 148 patients were discharged to their homes, mostly to continue chemotherapy for another six to twelve months before resuming a quiet normal life. For most of them the prognosis is good, and we expect them to resume their rightful place in the community and in the home, remembering to "take it easy", remembering that tuberculosis is a notoriously tricky disease, where reactivation is always possible (though not probable) even after many years. For those who "look after themselves" and continue to have regular checkups and follow medical advice, the danger of reactivation is small.

During this same period 11 patients left hospital against medical advice. A few of these may "get away with it", but some of them will return later with further extension of disease, and some will spread tuberculosis to others. And so the cycle continues.

During the year five of our patients reached the end of their private cycle, three dying directly or indirectly as a result of tuberculosis, and two from non-tuberculous conditions. The figure is low in comparison with years past, but each case still represents unnecessary family tragedy. If we could diagnose all cases in the early stages of the disease the rate of cure would be higher. If we could prevent all those who now have the disease from transmitting it to others, the disease could be eliminated within the next hundred years.

OUT-PATIENT SERVICES:

We have continued to operate an out-patient chest clinic on Mondays and Fridays. This has been patronized chiefly by patients referred to us by the Department of Veterans' Affairs, and by some of our former patients. This clinic has not been too heavily used, with only 306 visits during the year. Many patients find it more convenient to visit their neighborhood hospital or the Department of Public Health chest clinics, but we do believe that we are equipped to render in many cases a better assessment, a fuller coordination of clinical and x-ray and laboratory findings, with in many cases a more detailed knowledge of the patient's history and tuberculosis background.

NURSING AFFILIATE TRAINING:

During the year we continued to accept student nurses for a four week affiliate course in tuberculosis and diseases of the chest. These 142 students came to us from six schools of nursing:

St. Rita Hospital, Sydney	14
Sydney City Hospital	26
Glace Bay General Hospital	17
St. Joseph's Hospital, Glace Bay	26
St. Elizabeth Hospital, North Sydney	26
St. Martha's Hospital, Antigonish	33

The students received didactic lectures from the medical, nursing and technical staff, and practical experience in the wards. We believe that this is a valuable service, that as our future graduate nurses receive instruction and experience in tuberculosis nursing, they will become aware of the problems still facing us. We trust that they will not fall victim to that foe of progress, complacency, and that in due course they will make their contributions, in whatever field they may work, to our goal of the control and ultimate erradication of tuberculosis.

THE HOSPITAL PLANT:

Point Edward Hospital was built during World War II as part of the Point Edward Naval Base, and since late 1948 has been leased from the Federal Department of National Defence by the Nova Scotia Department of Public Health. Steam, water, and electrical power are purchased from the navy, and they also provide major outside maintenance, snow clearance, etc. Inside maintenance is provided partially by the Nova Scotia Department of Public Works and partially by our own maintenance staff, with in most cases the former furnishing materials and supplies and our own staff providing the labour. We are happy to report during the year the fullest cooperation from both the Department of National Defence and the Department of Public Works, and would like to express gratitude to those responsible.

HOSPITAL DEPARTMENTS:

That the work of the hospital in the diagnosis and care of the sick has progressed so smoothly during the year has been due to the faithfulness and cooperation of many individuals on our staff, each quietly doing his or her own job with a smile on his face and a cheery word for patients and fellow employees. It is impossible here to single out all those who deserve credit, but a few comments by department may be helpful.

MEDICAL STAFF:

The medical staff of the hospital consists of a medical superintendent (much of whose time is taken up with general administrative matters) and two able staff physicians, supplemented by two consultants, in bronchoscopy and urology, who visit us one day a month or whenever special services are required. A close liaison has been maintained with the Nova Scotia Sanatorium, to whom we have referred films and case histories of problem cases for consultation, and patients for major tuberculosis surgery. We also appreciate the fact that Dr. H. M. Holden of the Sanatorium staff has acted as electrocardiographic consultant for us. Radiological problems have been referred to Dr. H. R. Corbett and pathological problems to Dr. R. Mathieson, both of Sydney. In addition we have called in consultation such specialists from the Sydney area as were required for assistance in non-tuberculous conditions, although we were constrained by the fact that the hospital has no arrangement for paying them for such services and the patient was frequently unable to do so. To all who have come to our assistance during the year we are grateful.

ADMINISTRATIVE STAFF:

The business and administrative offices carried on during the year with a reduced staff, without replacing the office clerk who resigned because of home responsibilities and without the summer replacements customary in previous years.

NURSING STAFF:

We were fortunate to have a loyal and capable nursing staff, with a relatively small turn-over. Our larger drop was in nursing assistants, with a net loss of only three graduate nurses during the year.

X-RAY AND LABORATORY:

Both the x-ray and laboratory departments had busy years, as can be seen by the appended statistical reports. Here also we were fortunate in having a stable staff although our chief laboratory technician married in September she has remained on our staff.

DIETARY STAFF:

Early in the year our dietitian, Mrs. Edith Burchell, was forced to resign because of ill health, and for three months we were without a replacement. We were fortunate in May to secure the services of Miss Josephine MacNeil. In November she became Mrs. MacInnis, but remained with us. She has fitted in well—attractive and balanced diets continue to make their contribution to the health and happiness of patients and staff.

HOUSEKEEPING AND MAINTENANCE:

These two departments have continued to run smoothly during the year. They are by nature departments which reap instant criticism when things go wrong but are easily forgotten when they function smoothly.

REHABILITATION DEPARTMENT:

The year proved to be a busy one for the Rehabilitation Department, but a difficult one because of the loss of key staff personnel.

On January first Miss Lois Carvell, who as handcraft instructor had done very valuable work in organizing patient handicraft activities, left us to take a position with the Department of Education, Adult Education Branch, in the Handcraft Center in Halifax. She was greatly missed, but the loss was softened somewhat by all the patterns, designs, and methods she left with us, and by the number of patients she had trained who were able in turn to pass on their knowledge and skills to others. On her departure Mrs. Louise MacDermid, who had been part-time academic instructor, was promoted to full time academic and handcraft instructor.

At the end of September Mr. John A. MacDougall, rehabilitation supervisor since 1950, was transferred to the Sydney office of the Department of Public Health, as Rehabilitation Officer for the Island of Cape Breton. During his long years of service he had developed an active and useful department. We are pleased that in his new capacity he has not lost all contact with us, and that he is able to be very useful to us in arranging the post-discharge training and rehabilitation of our patients. At year's end no replacement had been appointed to our staff, and Mr. MacDougall was dropping in one morning a week to give us what help he could. Although we appreciate this assistance, it is far from adequate, and we are looking forward to the appointment of a full time rehabilitation supervisor early in the new year.

In spite of staff difficulties, accomplishments have been real. In the academic field over thirty students have been assisted, either in completing regular school work or in taking correspondence courses in business or other lines. The handcraft field has continued to be very active, in leather work, carpentry, knitting, sewing, foam and felt crafts, and so forth. The extent of this activity may be indicated by the fact that patients purchased from the hospital (at our cost) handcraft supplies to the extent of $3,200.00. For some who were able to sell the articles they had made, handcraft had become not merely a past-time but a financially rewarding industry.

THANKS TO OUR FRIENDS:

But activities which merely help pass the time are also of value, for happy contented patients remain in hospital longer, to take the cure better, and so better heal their disease. In the entertainment field valuable assistance has been given, by members of the Royal Canadian Legion, the I.O.D.E., and various religious groups too numerous to mention. These have sponsored our Christmas party and made possible an occasional variety show and card game during the year. The Sergeants' Mess of Victoria Park has supplied films for a weekly movie, and this has been much appreciated by the patient body. To all those who have during the year helped to make life in a Tb Hospital more pleasant, by their gifts, by their visits, and by their cheery smiles, we would express our hearty thanks.

IN CONCLUSION:

To summarize, the year has been a busy and active one, with little change in the volume of work as compared with the previous years, but with a small reduction in staff. Cape Breton remains a high incidence area as far as tuberculosis is concerned, and much work remains to be done in seeking out the disease among those who harbour it unknowingly, and in treating the disease where it is known, so that Tb may no longer be transmitted to others, so that if not our children, then perhaps our children's children, may live to see a land which is free from this disease which was once called "the White Plague."

To all those who during the year have contributed towards this goal —to our hospital staff and other members of the Department of Public Health, to friends of the hospital, and relatives of our patients, to the patients themselves who have submitted to treatment even when they felt well and who have followed medical advice when they would have preferred more active lives—to all we express our thanks, and to all we look for even closer cooperation in the years ahead, as we strive toward the common goal of the erradication of Tb in this our Nova Scotia.

D. S. ROBB, M.D.,
Medical Superintendent.

POINT EDWARD HOSPITAL

STATISTICAL REPORT

For the Calendar Year Ending December 31, 1962

TABLE 1

STATISTICAL REPORT OF ADMISSIONS AND DISCHARGES

	Male	Female	Total
Patients in hospital at beginning of year	70	41	111
Total Admissions	157	80	237
Total Discharges	153	85	238
Patients in hospital at end of year	74	36	110
Total Patient days	27,361	14,764	42,125
Average Daily Census	75	40	115
Days of Patients Discharged or Dead			39,771
Average Length of Stay			167
Detail of Admissions:			
Tuberculous	137	65	202
First Admissions	60	35	95
Readmissions	31	13	44
Transfers from other Tb. Hospitals	9	7	16
To continue treatment	12	2	14
Review and assessment only	25	8	33
Non-Tuberculous	20	15	35
Staff	2	5	7
Other	18	10	28
Detail of Discharges:			
Tuberculous	132	70	202
Non-tuberculous	21	15	36
Staff	2	5	7
Other	19	10	29

TABLE 2

DIAGNOSIS OF PATIENTS ADMITTED DURING THE YEAR

Tuberculosis	Male	Female	Total	%
Primary	7	7	14	6.9
Minimal	18	16	34	16.8
Moderately advanced	45	24	69	34.2
Far advanced	33	10	43	21.3
Tuberculous Meningitis	—	—	—	—
Miliary Tuberculosis	—	—	—	—
Genito-urinary tuberculosis	10	4	14	6.9
Tbc Spine	1	3	4	2.0
With occupational disease of the lung	21	—	21	10.4
Pleural tuberculosis with effusion	2	—	2	1.0
Cervical adenitis	—	1	1	0.5
Total	137	65	202	100%
Non-Tuberculous				
Staff	2	5	7	
Bronchopneumonia, basal	—	1		

	Diverticulitis	—	1	
	Gastro Enteritis, acute	1	—	
	Pneumonitis	—	1	
	Dermatitis	—	1	
	Upper respiratory infection	1	1	
Other		18	10	28
	Abscess, lung	—	1	
	Adenopathy, hilar, suspected	1	—	
	Bronchiectasis	1	1	
	Bronchitis	1	2	
	Bronchopneumonia	2	2	
	Carcinoma, bronchogenic	2	—	
	Carcinoma, metastatic	1	—	
	Cor pulmonale, non-tbc	1	—	
	Empyema, post pneumonic	1	—	
	Helminthiasis	—	1	
	Pleuritis	1	—	
	Pneumonoconiosis	4	—	
	Pneumonitis	1	2	
	Pneumothorax, spontaneous	1	1	
	Sarcoidosis	1	—	
Total Non-tbc		20	15	35
GRAND TOTAL		157	80	237

TABLE 3

AGE AND SEX OF TUBERCULOUS PATIENTS ADMITTED

Age	Male	Female	Total
0— 9	4	4	8
10—19	6	5	11
20—29	10	16	26
30—39	21	5	26
40—49	21	11	32
50—59	24	10	34
60—69	36	7	43
70 or over	15	7	22
	137	65	202

TABLE 4

RESIDENCE OF ALL HOSPITAL ADMISSIONS

Cape Breton Island		224
Cape Breton County	179	
Inverness County	17	
Richmond County	18	
Victoria County	10	
Nova Scotia Mainland		10
Antigonish County	1	
Colchester County	1	
Guysborough County	1	
Halifax County	1	
Kings County	1	
Lunenburg County	1	
Pictou County	2	
Shelburne County	2	
Nova Scotia Total		234

Newfoundland	1	
England	1	
Greece	1	
Total		237

TABLE 5

Patients Admitted Under Federal Authority:	Department Veterans' Affairs	Dept. Indian Affairs Eskasoni	Dept. Indian Affairs Shubenacadie
In hospital at beginning of year	8	9	—
Admitted during the year	28	24	—
Discharged during the year	24	23	—
In hospital at end of year	12	10	—

TABLE 6

ADMISSION DIAGNOSIS OF TBC PATIENTS DISCHARGED DURING THE YEAR

	Male	Female	Total	%
Primary	6	9	15	7.4
Minimal	18	21	39	19.3
Moderately advanced	37	20	57	28.2
Far advanced	36	14	50	24.8
Tuberculous Meningitis	1	—	1	0.4
Other Non-pulmonary tuberculosis	12	6	18	9.0
With occupational disease of the lung	22	—	22	10.9
	132	70	202	100%

TABLE 7

CLINICAL STATUS OF PATIENTS DISCHARGED DURING THE YEAR

	Male	Female	Total	%
Pulmonary Tuberculosis:				
Inactive	15	11	26	12.9
Active improved	70	41	111	55.0
Active unimproved	4	1	5	2.5
Activity undetermined	13	8	21	10.4
Quiescent	13	2	15	7.4
Dead, from Tb. or complication	2	1)		
from non-tbc condition	2	—)	5	2.5
Extra-pulmonary tuberculosis				
Inactive	5	3	8	4.0
Active	1	—	1	0.4
Active, improved	5	2	7	3.5
Quiescent	2	1	3	1.4
	132	70	202	100%
Non-Tuberculous Disease				
Recovered or improved	18	15	33	91.7
Unimproved				

No Disease				
Dead	3	—	3	8.3
	21	15	36	100%

TABLE 8

TYPE OF DISCHARGE OF PATIENTS WITH TUBERCULOSIS

	Male	Female	Total	%
On medical advice to home	100	48	148	73.3
Trans. to the N. S. San.	17	16	33	16.3
Transfer to other Tb. Hospitals	3	—	3	1.5
Against medical advice & A.W.O.L.	6	5	11	5.4
Misconduct	2	—	2	1.0
Died	4	1	5	2.5
	132	70	202	100%

TABLE 9

PRINCIPAL NON-TBC CONDITIONS DIAGNOSED IN PATIENTS SUFFERING FROM TB

Alcoholism	4
Allergy to PAS	2
Amputation, left leg	1
Anemia, secondary	1
Appendicitis, acute	1
Arthritis, osteo	2
Arthritis, rheumatoid	2
Asthma, bronchial	6
Blepharitis, allergic	1
Blindness, traumatic	1
Bronchiectasis	1
Bronchitis, chronic	1
Bronchiolitis	1
Carcinoma of buccal mucosa	1
Colitis	2
Cor pulmonale	2
Cystitis, chronic	2
Deafness, conduction	1
Depression	1
Deviated nasal septum	1
Diabetes mellitus	5
Double left kidney and ureter	1
Dropped foot and wrist	1
Emphysema	6
Encephalopathy, traumatic	1
Erosion of left nasal septum	1
Fissure, anal	1
Fracture, intertrochanteric, right humerus	1
Glaucoma, acute	1
Heart disease, arteriosclerotic	2
Heart disease, cardiovascular	2
Hernia, diaphragmatic, hiatus	1
Herpes Zoster	1
Hypersensitivity to Penicillin	2
Hypersensitivity to SM	3
Hypersensitivity to DHSM	1

Hypersensitivity to PAS	1
Hypertension, essential	2
Hypertensive vascular disease	1
Hypertensive cardiovascular disease	1
Kyphoscoliosis, thoracic spine	1
Lues	2
Mental retardation	1
Neurotoxicity to SM	2
Neurosis, anxiety	1
Osteochondritis of thoracic spine	1
Osteomyelitis	1
Parkinsons Disease	1
PAS intolerance	1
PAS toxicity	1
Peripheral vascular disturbance	1
Pneumonoconiosis	22
Pneumonia	6
Pneumonitis	4
Pneumothorax, spontaneous, re-expanded	1
Pregnancy	1
Psychosis, borderline	1
Psychosis, early depressive	1
Psychosis, Korsakoff's	1
Pulmonary fibrosis, post pneumonic	1
Raynauld's disease	1
Wound, gunshot, abdomen	1

TABLE 10

MARITAL STATUS OF DISCHARGED PATIENTS

	Male	Female	Total
Single	48	41	89
Married	86	31	117
Widowed	13	12	25
Separated	3	1	4
Divorced	3	—	3
	153	85	238

TABLE 11

RELIGION OF DISCHARGED PATIENTS

African Orthodox	1	—	1
Baptist	3	1	4
Church of England	10	7	17
Presbyterian	12	4	16
Roman Catholic	99	61	160
Salvation Army	4	2	6
United	22	10	32
Lutheran	1	—	1
None	1	—	1
	153	85	238

TABLE 12

TUBERCULOSTATIC DRUGS USED IN PATIENTS SUBSEQUENTLY DISCHARGED

(Note that these agents were used in various and varying combinations, with the therapeutic regimen changed from one combination to another, depending on patient tolerance and bacillary resistance).

Streptomycin	151	Prednisone	7
Isoniazid	166	(an anti-inflammatory and not a tuberculostatic agent, and so used only with an effective combination of 2 or more of the tuberculostatic drugs)	
P.A.S.	146		
Cycloserine	24		
Ethionamide (TH 1314)	9		
Oxytetracycline	3		

TABLE 13

OUT-PATIENT SERVICES

	Visits
Chest Clinic—D.V.A. patients	188
Staff	51
Other	81
Staff Clinic (non Tb)	455

TABLE 14

O.R. DEPARTMENT PROCEDURES

By our consultants:

E.E.N.T. Procedures (Dr. V. MacIsaac)	
Bronchoscopic examinations	62
Oesophagoscopic examinations	3
Bronchial biopsy	1
Consultations	22
Urological Procedures (Dr. D. B. Archibald)	
Nephrectomy	1
Epididymectomy	2
Scrotal Abscess, Incision & Drainage	1
Cystoscopic examinations	26
Urethral dilatations	14
Consultations	6
Dental Procedures (Dr. Ivor Hamilton)	
Exams	42
Fillings	47
Extractions	108
Scalings	26
Syringing of socket	4
Dentures adjusted	1
Re-cement of gold inlay	1
Dental X-rays	5

By our own full-time staff:

Chest aspirations	30
Pneumoperitoneum, initial	2
refills	52
Biopsy, pleura	3

Biopsy, scalene node	2
Excision, sebaceous cyst	1
Excision, toenail	2
Sutuering, lacerated lip	1
Plaster cast	2
GYN—prenatal exam	18
other pelvic exam	12
obstetrical delivery	1
cauterization, cervix	3
Cauterization, nose	9
Packing, nose	8
Syringing ears	31
Bronchogram	44
Caloric testing	13
E.E.N.T. Exam (non-adm)	85
Fluoroscopic exam chest	162
Lumbar Puncture	42
Gastric Washing	3
Proctoscopic exam	2
Pulmonary function	44

TABLE 15

LABORATORY REPORT

	Unit Value	Total	Total Units
Bacteriology			
T.B. Smear	3	200	600
T.B. Conc	4	1177	4708
Haematology			
Haemoglobin	1	822	822
Red Blood Count	1	2	2
Haematocrit	1	739	739
White Blood Count	1	907	907
Sedimentation Rate	1	758	758
Differential	2	756	1512
Prothrombin Time	2	4	8
Clotting Time	2	2	4
Bleeding Time	1	2	2
Collections	1	735	735
Blood Bank			
Collections	1	4	4
Urinalysis			
Complete Urinalysis	2	651	1302
Bile	1	2	2
Microscopic	1	5	5
Cerebrospinal Fluid			
Cell Count	1	40	40
Protein	2	40	80
Chlorides	3	40	120
Sugar	2	40	80
Biochemistry			
Total Protein	3	3	9
A/G Ratio	6	19	114

Alkaline Phosphatase	6	261	1566
Urea Nitrogen	4	58	232
Blood Glucose	2	237	474
Glucose Tolerance	10	3	30
Non Protein Nitrogen	4	112	448
Bilirubin, D. + Total	4	5	20
Occult Blood	1	16	16
Cholesterol	5	3	15
Fractional Meal	6	1	6
Bromsulphalein	3	10	30
Collections	1	677	677

LABORATORY REPORT

Tests referred to outside laboratories

	Unit Value	Total	Total Units
Biochemistry	—	64	179
Non T.B. Bacteriology	—	299	1632
V.D.R.L.	1	213	213
T.B. Cultures	6	2807	16842
Exam for Parasites & Ova	4	5	20
Haematology	—	4	12
Histology			
Papanicolaou	5	89	445
Surgical Speciments	8	13	104
Sensitivities			
Antibiotic (Gen Bact)	4	81	324
Strep., PAS, INH	12	50	600
Blood Bank			
Gr. + Rh	2	4	8
X-Match	4	8	32

TABLE 16

X-REPORT

Examination	Patients	O.P.	Staff	Total	TM Units	RM Units
Chest—Single	660	306	597	1563)		
—Multiple	179	—	—	179)	3633	3633
Extremities	25	2	6	33	66	66
Planigraphic Series	177	9		186	885	885
Bronchographic Series	44					
27 Unilateral				27	108	108
17 Bilateral				17	85	102
Abdomen	12	1		13	26	26
Esophagus	1			1	1	5
Gall Bladder	3		1	4	16	12
Intravenous Pyelogram	4			4	24	12
Retrograde Pyelogram	28			28	112	56
Dentals	6			6	12	6
Ribs & Shoulders	8	3		11	33	22
Skull & Series	13			13	48	42
Hip Joints	19			19	38	38
Spinal Column	56	1	3	60	240	180
				2164	5360	5223
E.C.G.	110	5	5	120		
B.M.R.	3	—	—	3		